PRINTED: 08/23/2015 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES OXI) PROVIDENSUPPL PRICLIA (X2) MULTIPLE CONSTAUD TON (X3) DAYE BURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL078096 05/27/2015 BYREET ADDRESS, CITY, STATE, ZIE CODE NAME OF PROVIDER OR BUPPLIER 2133 PRESTON ROAD B & B ASSISTED LIVING # 5 MAXTON, NC 28364 PROVIDER'S PLAN OF CORRECTION CACH CORRECTIVE ACTION SHOULD BE CROSSIREFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID PREFIX MEACH DEFICIENCY MUST BE PRECEDED BY PREFIX DATE REGULATORY OR LEC IDENTIFYING INFORM (TION) TAG TAG: C 000 initial Comments C 000 This report is of a blennial construction autyey done by Bob Getchell on May 27, 2015 This facility was first licensed as a Family Care Home for six (6) ambulatory Residents on June 6, 2002. Based on this we are requiring the home to be in compliance with the 1992 and the applicable portions of the 2005 Rules 1:)A NCAC CONSTRUCTION SECTION
AUG 19 2015
RECEIVED 13G for the Licensing of Family Care Homes, the 1997 North Carolina Uniform Residential Building Code, and, the 1995 (1999 Revision) North Carolina State Building Code - Section 119.2 -Residential Care Homes. Deficiencies were noted which will require a new plan of correction. C 101 Existing Licensed-No Less than 71 Rules C 101 SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: Except where otherwise specified, existing. licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of cor struction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971. "Minimum and Desired Standards and : Regulations" for "Family Care Homes", copies of which are available at the Division of He alth Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina : 7603 at no cost. Division of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE MLE

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STATEMS	n of Health Service Re ENT OF DEFICIENCIES					FORM APPROV
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION	NUMBER	A. BUILDING; 01	NSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL078096		B. WING		05/27/2015
NAME OF	PROVIDER OR SUPPLIER		TRI	ET ADDRESS, CITY, STATE	ZIP C:ODE	03/2//2015
	SSISTED LIVING # 5		213:	PRESTON ROAD TON, NC 28364		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCE MUST BE PRECEDED B IC IDENTIFYING INFORM	or plan	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROS HREFERENCED TO THE APPRO DEFICIENCY)	DRE COMBIEN
C 101	Continued From pag	ge 1		C 101 .		
	This Rule is not me  1. Based on observ maintained in a safe rails on both sides of	ation, the facility was	as not ving gu			-
	Findings include: a) The side Exit step		- 18	90	and rails placed on both ale of endother for pt	7/20/15
	b) The back Exit ste	[ ]		il. S	to.	
C 112	Construction-Res. A	reas Same Floor L	ewe	C 112 Ja	GN .	
	SECTION .0300 - TH 10A NCAC 13G .030 CONSTRUCTION	2 DESIGNAND				
	<ul> <li>(i) In homes license required resident are level. Steps between</li> </ul>	as shall be on the	same f	100 100		
	This Rule is not met 1. Based on observa was not maintained in floors that are not on inadequate ramps. T residents by not allow emergency.	tion, egress from a n a safe manner by the same level, ar his would affedt the	having d			
	Findings include: Ramps to transition th inadequate in the folio from kitchen to Living	wing locations:	a) Ran	ba ba	arcials placed to	7/2010
	yet rises about 5 inche from kitchen to corride yet it rises about 4 inc The corridor bathroom	es to the kitchen. It or is aboout 6 inch hes and has no ha n floor drops 3 inch	o) Ram es long no alls es at th	p 100	novilly placed to some and between for pt	,
1	oilet and tub area, yet provided.	no ramp or handr	ails are	Sal	kt.	

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Division	of Health Service Re							D: 06/23/20 MAPPROVE
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION	LIENCLIA NUMBER:	(X2) MULTI A. BUILDIN		TR-JCTION		TE SURVEY MPLETED
		FCL078096		B. WING _			0.5	/27/2015
NAME OF I	PROVIDER OR SUPPLIER		TREET	ADDRESS, CITY	STATE, Z	IP CODE		21/2013
B & B AS	SISTED LIVING # 5		2133 PI	RESTON ROA	AD			
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENC MUST BE PRECEDED S	pe	10	+	PROVIDER'S PLAN OF CORRECT	OH	
TAG	REGULATORY OR LS	C IDENTIFYING INFORM	Y FULL NATION)	PREFIX	GR.	EA: H CORRECTIVE ACTION SHOUL OS 3-REFERENCED TO THE APPRO DEFICIENCY)	D DE	COMPLETE DATE
C 112	Continued From pag	e 2		C 112				_
	This is not in conforr that all ramps be cor for every inch of rise	structed to 1 fbot	uirement n ength		Stid	poof maked applied p to indicate vamp io for steparan	*	7/2dir
C 129	Bedrooms-Not More	Than Two Reside	nts	C 129	then	for stepdoon	4	
	SECTION .0300 - TH 10A NCAC 13G .030 (e) The total number bedroom shall not ex- by the Division of Fac- particular bedroom. (f) A bedroom shall than two residents.	8 BEDROOMS r of residents assi- ceed the number s illity Services for the	authorized au					
1   n	This Rule is not met I. Based on observa naIntained in a safe r wo residents living in	tion, the facility wa	s not note than				,	, .
ti fr re u	indings include: The following issues value beds set up in the control center bedroom, esidents, has been valued for storage, c) The six residents.	ne far right bedroom originally set up to acated and is now hough the house is	n, b) The rtwo being licensed	-	heds Your total Cope	ive adequate and is not up for 2 resident if to beds around it. I turne	de Lu	Tholir
S 10 (b	corridor-Night Lights ECTION ,0300 - THE 0A NCAC 13G .0311 b) Corridors shall be roviding 1 foot-candle	CORRIDOR	lgats	C 142		:		
1.	his Rule is not met a Based on observati umination was not me h Service Regulation	on, the building Ex	it manner.					

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If continuation sheet 4 of 8

Division	on of Health Service R	egulation '						,	FOR	ED: 06/23/201 RMAPPROVE
STATEM	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUP IDENTIFICATION	NUN	VCLIA BÉR:	(X2) MULT A. BUILDI	MPLE CON	STR	CTION	(X3) D/	ATE SURVEY
		FCL078096			B. WING					02120
NAME 0	F PROVIDER OR SUPPLIER		П	STREET	DDDDDD OT	2/ 02			0:	5/27/2015
B&B/	ASSISTED LIVING # 6			133 PR	DDRESS, CIT ESTON RO	AD	ZIP (X	DDE		
(X4) ID	SUMMARY STAT	TEMENT OF DEPICIENC	-	MAXTO	N, NC 2836	4	L.,		,	1
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED	three edit	Arre 1	PREFIX TAG		(EA) 2	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROVIDERICIENCY)	n pc	COMPLETE DATE
C 142	Continued From pag	ge 3			C 142		٠.			+
	This would affect all adequate illuminatio emergency.	residents by not h n to egress the bu	avi Ildi	g gin an		(Om)	gon :	,		
	Findings include: The corridor has no illumination.	night lights to prov	ide			hal	ا إ	ght will remain a night to provide a lighting in lax	5h	7/20/15
C 166	Fire Extinguishers				C 168	adu	quil Uma	u. Lighting in law ngeny	.0-	
	SECTION .0300 - TH 10A NCAC 13G .031 DISASTER PLAN	6 FIRE SAFETY						3.7		
	<ul> <li>(a) Fire extinguisher meet these minimum care home;</li> </ul>	requirements in a	far	nily						
	(1) one five pound of type centrally located	: 1 11	- 11							
	<ol> <li>one five pound of type located in the kits</li> <li>any other location enforcement official.</li> </ol>	chen: and	- 18							
	This Rule is not met at 1. Based on observat	ion, the bullding fi	re							
	protection equipment safe manner. This wo not having fire protecti	ould affect all resid	edil	sihv i			-			
	use in an emergency.	-11		, , , ,				v 066		
	Findings include:					nen	N,	mapliones of 1	1	
	The inspection tags or indicate that required a	the fire extinguis	her	5		entru	W.F	us will be done	5	7/20/1
	indicate that required r being performed per N	IFPA 10	B	ot	.	Stafa	GN	d monitored by admi	-/	110-11
C 169	Fire Safety-Smoke De	tectors			C 169	SIC	-hw out	inspections of fi w will be done I monitored by admi when to ensure		
	SECTION .0300 - THE 10A NCAC 13G .0316	BUILDING FIRE SAFETY A	N			month	VI.			
	ith Service Regulation		╢							
TE FORM				***************************************	* BK	WX21			roottous.	on wheat 4 of 8

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Divisio	n of Health Service R	egulation							PRINT	ED: 08/23/20 MAPPROVI
STATEME	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUP IDENTIFICATION	VUE	VCLIA BER:		TIPLE CON	STR	ICTION	(X3) DA	TE SURVEY
	•				A. BUILDI	NG: 01			CO	MPLEYED
		FCL078096			B. WING				١	
NAME OF	PROVIDER OR SUPPLIER			TREET	DDRESS, CIT	V STWIE	aun e		. 05	/27/2015
B&BA	SSISTED LIVING #5		Ш	133 PR	ESTON RO	AD	ZIP (	ODE		
			1 /	MAXTO	N, NC 2836	4				
(X4) ID PREFIX	(CACH DEFICIENCY	TEMENT OF DEFICIENCE MUST BE PRECEDED	بالحر دخاو		ID.		P	ROVIDER'S PLAN OF CORRECTIO	iN.	- 000
YAG	REGULATORY OR LE	C IDENTIFYING INFOR	MAY	DN)	PREMIX	1 6	(IEA)	H CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROP	N Part	COMPLETE
C 169	0 "		H	,	1:			DEFICIENCY)	MATE	DATE
C 169	Continued From pag	ge 4			C 169					
	DISASTER PLAN		Ш	-	1					
	(b) The building sha	all be provided wit	n s	noke			Ι.			1
	detectors as require	d by the North Cal	الأمثلاط	b State	1	1 1	١.			J
	building Code and U	J.L. listed heat det	المؤمية	ko.		1				
ļ	connected to a dedic	ated sounding de	vice			1 1				
- 1	located in the attic as detectors shall be int	nd basement: The	se	!!	1					
	provided with battery	hackup	be		,	1				
ļ	Note: Smoke detector	ors are required to	hall			1 1				
	interconnected by thi	s Rule. The apolio	batild	n of						
	inc rule permits the	heat detectore toll	ka II			1 1				
- 1	interconnected with s	moke detectors, it	utk	oes						
	not require it.		-		į.					
- 1		11								[
- 1	This Rule is not mat									
- 1	This Rule is not met 1. Based on observa	as evidenced by:				f				
	protection equipment	was not installed	re			1,1				
	accordance with the L	icensure Rules au	"			2000)	U 7	whoters reprove on	o	1
	Building Code in effec	t when the facilitie	wdl	.		-0	1 4	Westers repland and by country fire mouth bota impedien and	الم	7/20/15
١,	nitrally ricensed. This	would affect all de	الانجا	ante /		Chie	MU)	مر مرسم المسمى لا		110
1 4	by not detecting smok	e, activating the fi	re H	larm,		Since	1 6	tate injection and	- 1	
18	and directing resident	s from the building	.					1	ĺ	
1	indings include:			J		in U	myk	lianu	- 1	
l i	hé smoke detectors	in the bodeson -		i. I			•		- 1	
6	ounding when smoke	is released	rein	ot					i	
		Toronado.	- 11						- 1	
C 174 E	Building Equipment Ma	aintained Safe Ch	الى	Ena	C 174				- 1	
- 1		( 1)	الأر	ding	C 1/4	ľ			- 1	
S	ECTION .0300 - THE	BUILDING	- 10						- 1	- 1
1	0A NCAC 13G .0317	BUILDING SER	νı#	E						
/ E	QUIPMENT	1 11	- 19	- 1	-			ı	ļ	- 1
(5	a) The building and a	all fire safety, elect	rida	l,		j				
100	echanical, and plumb are home shall be ma	ing equipment in	a f	mily					1	1
o	perating condition.	miamed in a safe	and		1					
(i)	This Rule shall app	ly to new and evid	tirl	- 1						
,fa	mily care homes.	y so now and exis				į				- 1
			_   .							- 1
m of Heak E FORM	h Service Regulation									
				194	BK	WX21		70	ordinuesto	n rhoot E edit

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AND PLAN OF CONRECTION  OCT DATE SURVEY  FILO 78096  FILO 78096  FILO 78096  TREET ADDRESS, CITY, STATE, 2DP CODE  33.9 RASSISTED LIVING # 5  SUMMARY STATEMENT OF DEPICENCES  (PAGE TO THE ADDRESS CONSTRUCTION  (PAGE TO THE ADD	Division	of Health Service R	egulation		∥.					FOR	M APPROVE
### STATEST ADDRESS, CITY, STATE, ZIP C DID  ### CALL DID  ### STATEST ADDRESS, CITY, STATEST, ZIP C DID  ### CALL DID  ### STATEST ADDRESS, CITY, STATEST, ZIP C DID  ### CALL DID  ### STATEST ADDRESS, CITY, STATEST, ZIP C DID  ### CALL DID  ### STATEST ADDRESS	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUP) IDENTIFICATION	NUN	CLIA BER:	A. BUILDIN		STA	GTION		
PASISTED LIVING # 5  SUMMARY STATEMENT OF DEFICIENCES MAXTON, NC 23644  PREETX TAG  SUMMARY STATEMENT OF DEFICIENCES MAXTON, NC 23644  CROATED TO THE APPROPRIATE ONE OF COMPLETY TAG  CROATED TO THE APPROPRIATE ONE OF COMPLETY TAG  CONTINUED FROM page 5  C 174  Continued From page 5  C 175  This Rule is not met as evidenced by:  1. Based on observation, the building electrical equipment was not installed in accordance with the Licensure Rules and Building Codes it effect when the facility was initially licensed. This would affect all residents by exposure to a shock hazard.  Findings include:  2. Based on observation, the building mechanical exhaust equipment was not maintained operating in accordance with the Licensure Rules and Building Code in effect when the facility was initially licensed. This would affect all residents by not providing removal of exhaust.  Findings include:  3. Based on observation, egress from all areas was not maintained in a safe manner by having befroom windows that will not remain oper of are stuck shut. This would affect the residents by not allowing free egress in an emergency.  Findings include:  The windows are stuck shut or will not stay open in Bedroom 6.  4. Based on observation, the facility was not maintained in a safe manner by having doof sthat did not close completely and latch in origer to condain smoke and fire. This could affect at residents by not containing smoke of fife in the			FCL078096	Н	-	B, WING_		_		05	/27/2015
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SUMMARY STATEMENT OF DEPLETATION   PRINTY   PR	B&BAS	SSISTED LIVING # 5									
C 174 Continued From page 5  This Rule is not met as evidenced by: 1. Based on observation, the building electrical equipment was not installed in accordance with the Licensure Rules and Building Codes in effect when the facility was initially licensed. This would affect all residents by exposure to a shock serving the kitchen countertop is not GFC protected.  2. Based on observation, the building mechanical exhaust equipment was not maintained operating in accordance with the Licensure Rules and Building Codes in effect when the facility was initially licensed. This would affect all residents by not providing removal of exhaust.  Findings include: a. There is a demaged back draft damper on the left of the house.  3. Based on observation, egress from all areas was not maintained in a safe manner by having bedroom windows that will not remain open or are stuck shut. This would affect the residents by not allowing free egress in an emergency.  Findings include: The windows are stuck shut or will not stax open in Bedroom 6.  4. Based on observation, the facility was not maintained in a safe manner by having door in the facility was not maintained in a safe manner by having door in the windows are stuck shut or will not stax open in Bedroom 6.		SUMMARY STA	TEMENT OF DEPICIENC	EQ				- p	OVIDER'S PLAN OF CORRECTE		
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PRINTED: 06/23/2015 FORM APPROVED

If continuation sheet 7 of 8

Division	of Health Service Re	egulation						FOR	:D: 06/23/201 MAPPROVE
STAYEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	CLIA BER:	(X2) MULT A. BUILDIN		STRI	CTION		TE SURVEY WPLETED
		FCL078096	.:	B. WING_				۱	W71004
NAME OF	PROVIDER OR SUPPLIER		ETREET /	ADDRESS, CIT	/ STATE	200	ODE .	05	/27/2015
B&BAS	SSISTED LIVING #5		133 PF	RESTON ROAN, NC 28364	AD	CIP (	JUE .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCES MUSY BE PRECEDED BY F C IDENTIFYING INFORMAT	1.	PREFIX TAG		(EAI)	HOVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIES DEFICIENCY	DRE	(X5) COMPLETE DATE
C 174	Continued From pag	ge 6		C 174		_	oer locati		<del> </del> -
ĺ	fire compartment or	room of origin.							
	Findings include:		ŀ						
-		om door won't close a	d		do	· ·	inob replaced		Thalir
	maintained in a safe exterior vinyl siding.	ation, the facility was manner by having da This could affect all moisture to deterrior	maged	:					
1	Findings include: The exterior vinyl sid following locations: a Back side of the hous	ing is damaged in the i) Right end of the ho se.	se, b)		Viny	\}°	idingrepanid		7/20/0
.	maintained in a safe i backing out on exteri	tion, the facility was n manner by having nai or ramp. This could a ing them to a trip and	s ffect						
1	Findings include: The exterior ramp has presenting a trip and o	s nails becking out out hazard.			inail have	4	nately out backing out nately nately	to	7/volir
C 177 E	Building Service Equip	oment-Hot Water	!	C 177	ense	ne	nafety		- 1
1 E	:QUIPMENT d) The hot water tan	E BUILDING BUILDING SERVI k shall be of such siz upply of hot water to	e to						
te b	itchen, bathrooms, ar emperature at all fixtu e maintained at a mir	nd laundry: The hot was used by residents nimum of 100 degrees	ater shall s F						
(3	38 degrees C) and sh (48.7 degrees C).	all not exceed 116 de	grees						
ion of Heal	th Service Regulation			·					

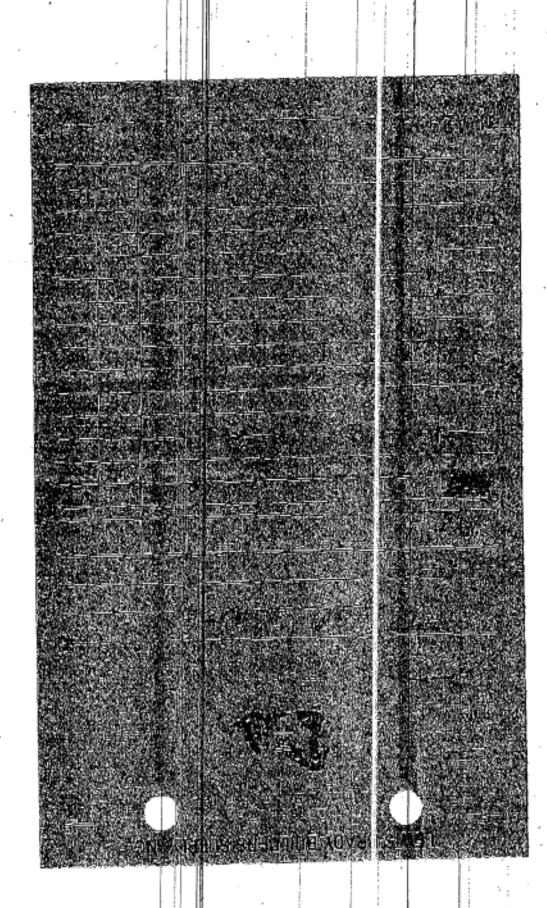
Division	of Health Service R	egulation							M APPROVE
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUI IDENTIFICATIO	PPLIE	SER;	(X2) MULTII A. BUILDIN	PLE CONSTRU G: 01	CTION		TE SURVEY MPLETED
NAME OF	DDOLLAR STATE	FCL078096	#	-	B. WING	_		05	27/2015
	PROVIDER OR SUPPLIER SSISTED LIVING # 5			133 PR	DDRESS, CITY, ESTON ROA I, NC 28364	D	)DE .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENT MUST BE PRECEDED SCIDENTIFYING INFO	n by c	i.	ID PREFIX TAG	P (EAC	ROVIDER'S PLAN OF CORRECTIVE ACTION SHEEFERENCED TO THE API	iótti n se	(X6) COMPLETE DATE
C 177	(j) This Rule shall a		exist	log.	C 177		DEPIGENCY)	:	
	family care homes.  This Rule is not me								
	<ol> <li>Based on observ supply was not main accordance with the Building Code in effe initially ficensed. Th</li> </ol>	ation, the building stained in a safe r Licensure Rules act when the facil his would affect a	g hot mann and ity w	er in es dents		hot h	ates heater adj impo in compl	voke- liance	5/19/15
	by not protecting the Findings include: a. The hot water test								
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		1							
ision of Hea ATE FORM	Ith Service Regulation	,	П		" DK				
			11 1	l "	" BK	WX21		If continuette	on sheet 8 of 8

## THE HARDWARE 602 NORTH WALLNUT STREET FAIRMONT NC 28340

PHONE: (919) 628-0600

SAVE THIS RECEIPT!: &T WILL BE REQUIRED TO RETURN QUALIFIED TOEMS.

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		OUNT FULL **********************************
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